

### REMARKS

Please note the attached Assignment and Delegation of Authority giving the undersigned the power of attorney to prosecute the application. Please note the change in correspondence address.

Please charge any additional fees for the claims to our Deposit Account Number 07-0888.

Claims 1 through 12 are pending in the application. Claims 1-5, 8 and 12 are rejected. Claims 6, 7, and 9-11 are objected to.

The Examiner has indicated that claims 6, 7, and 9-11 are allowable if rewritten in independent form including all of the limitations of the base claim and any intervening claims.

The Examiner is sincerely thanked for the allowance of claims 6, 7, and 9-11.

Please cancel claims 1-5, 8 and 12 without prejudice or disclaimer.

In view of the foregoing, Applicants respectfully submit that the application is in condition for allowance. Prompt allowance of the application is respectfully requested.

Respectfully submitted,



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